

**MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES****CARIBE INTERNATIONAL, LLC.****#27220160-1****1. Month of SEPTEMBER 1, 2008 THRU SEPTEMBER 30, 2008**

- |     |                                                                            |                                    |                                    |     |
|-----|----------------------------------------------------------------------------|------------------------------------|------------------------------------|-----|
| 2.  | Is Outlet # (8 digit) Correct?                                             | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 3.  | Is average Total flow-gal.day stated in space provided?                    | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 4.  | Is max. Total flow-gal day stated in space provided?                       | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 5.  | Is method used to calculate water stated?                                  | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 6.  | Are number of working days stated?                                         | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 7.  | Are there any parameters which have exceeded P Local Limits?               | <input type="radio"/> Y            | <input checked="" type="radio"/> N | N/A |
| 8.  | Is proper compliance/non-compliance statement provided?                    | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 9.  | Have correct number of samples been submitted?                             | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 10. | Has PHC result been listed on MR-1 report?                                 | <input type="radio"/> Y            | <input checked="" type="radio"/> N | N/A |
| 11. | Has sample number been reported in space provided?                         | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 12. | Have all regulated parameters been listed on MR-1?                         | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 13. | Has sample type been stated on MR-1?                                       | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 14. | Have all samples been taken during this reporting period?                  | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 15. | Has NJDEPE certified lab been used?                                        | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 17. | Have results been written in space designated on MR-1?                     | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 18. | Is correct method used to preserve samples stated on MR-1?                 | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 19. | Has MR-1 been signed by authorized representative?                         | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 20. | Has information been submitted on proper MR-1 form?                        | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 22. | Remove Arsenic from report if sampling not required                        | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

First Reviewer: comments on deficiencies Complete

Date Reviewed 10/29/08 Date sent to user \_\_\_\_\_

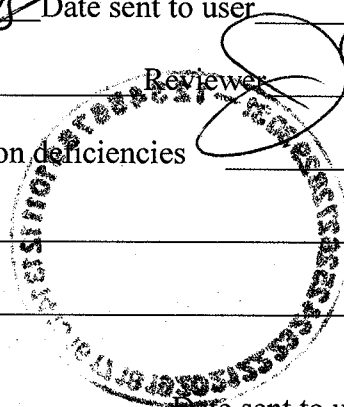
Date due back \_\_\_\_\_ Reviewer [Signature]

Second review comments on deficiencies \_\_\_\_\_

Date Reviewed \_\_\_\_\_ Date sent to user \_\_\_\_\_

Date due back \_\_\_\_\_ Reviewer \_\_\_\_\_

Date \_\_\_\_\_ Reviewer \_\_\_\_\_



ST/AG

0.\*

1,402,970.\*

1,386,800.-

000

16,170.0

16,170.x

7.48=

120,952.\*+

508,139.\*

493,100.-

000

15,039.\*+

120,952.\*

15,039.-

000

105,913.0

105,913.x

0.95=

100,618.\*+

100,618.\*

22.=

4,574.\*+

4,574.x

1.1=

5,032.\*+

0.\*

**PRETREATMENT MONITORING REPORT**

Name: CARIBE INTERNATIONAL LLC

Mailing Address: 452 EAST 22nd STREET, PATERSON, NJ 07514

Facility Location: 452 EAST 22nd STREET, PATERSON, NJ 07514

Category & Subpart: 40 CFR 403 Outlet#: 1

Contact Official: Rene Quiroz Telephone#: (973) 569-0155

CUSTOMER ID / OUTLET ID: 27220160-1

MONITORING PERIOD						AVERAGE	MAXIMUM			
9	1	2008	9	30	2008	Regulated flow-gal/day	4574	5717		
MON	DAY	YR	MON	DAY	YR	Total Flow-gal/day	4574	5717		
START			END			Method Used: PVSC Local Limit Regulated Flow determined from readings of incoming water meter minus internal process meter (water to product) - 5% evaporation, divided by 22 work days. Maximum = Average + 25%				
Parameter						Mass Limit or Concentration		No. of Samples	Sample type	
						Average	Maximum	Units	Comp./grab	
Cd	Sample measurement					< 0.001	< 0.001	mg/l	1	Comp.
	Permit requirement					0.19	N/A	"		
Cu	Sample measurement					0.0113	0.442	"	1	Comp.
	Permit requirement					3.02	N/A	"		
Pb	Sample measurement					0.0065	0.020	"	1	Comp.
	Permit requirement					0.54	N/A	"		
Hg	Sample measurement					<0.0005	<0.0005	"	1	Comp.
	Permit requirement					0.08	N/A	"		
Ni	Sample measurement					0.016	0.013	"	1	Comp.
	Permit requirement					5.9	N/A	"		
Zn	Sample measurement					0.091	0.828	"	1	Comp.
	Permit requirement					1.67	N/A	"		
	Sample measurement									
	Permit requirement									

	Sample measurement					
	Permit requirement					

PVSC Form MR-1 Rev: 4 6/87 P1

**PRETREATMENT MONITORING REPORT****Certification of Non-use (use additional sheets if necessary) Based on Historical Data.**N/A**Compliance or non-compliance statement with compliance schedule (use additional sheets if necessary) for every parameter used.**

Caribe International, LLC was in compliance with PVSC Local Limits for self monitoring performed  
during this month and as presented in this report.

**Explain Method for preserving samples:**Metal sample was a composite sample preserved with HNO<sub>3</sub> to a pH of < 2.0.

**I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.**

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988

Signature of Principal

Executive or Authorized Agent



Rene Quiroz

Vice President

Type Name and Title

10/17-2008

Date

PVSC FORM MR-1 Rev.5 3/91 P2

**CARIBE INTERNATIONAL, INC. - MR-1 REPORT - Sept 2008**

22 WORK DAYS IN MONTH

**OUTLET #1****READINGS OF METER: OUTLET # 27220160--1**

1,402,970	Present Meter Reading
-1,386,800	Past Meter Reading
16,170	Cubic feet
x7.48	
120,952	Gallons Incoming for Outlet # 27220160-1

**INTERNAL WATER METER (USED FOR PRODUCT))**

508,139	Present Meter Reading
-493,100	Past Meter Reading
15039	Gallons in Product
120,952	Gallons - Incoming from Meter #1
-15,039	Gallons for Water in Product
105,913	
x .95	(-5% evaporation)
100,617	Total Gallons Discharged at Outlet # 27220160-1

**TANK CLEANING**

92,443	Present Meter Reading
-86,354	Past Meter Reading
6089	Gals

	4,574 GPD = AVG Regulated
22	100,617
	Outlet #272

4574 GPD = AVG Regulated
x 1.25 MAX = AVG + 25%
5,717 GPD = MAX Regulated



## ANALYTICAL DATA REPORT

for  
**Caribe International LLC**  
 452 East 22nd St.  
 Paterson, NJ 07514

**Project Name: PVSC MONITORING**  
**Lab Case Number: E08-10823**

## MDL = METHOD DETECTION LIMIT

## Metals

Lab ID: 10823-001

Client ID: 01

Matrix-Units: Aqueous-mg/L

Percent Moisture: 100

Date Sampled: 9/18/2008

Time Sampled: NA

Date Analyzed: 9/26/08

Parameter	Result	Q	MDL
Cadmium	ND		0.001
Copper	0.113		0.008
Lead	0.0065		0.002
Mercury	ND		0.0005
Nickel	0.016		0.004
Zinc	0.091		0.008

## General Analytical

Lab ID: 10823-001

Client ID: 01

Percent Moisture: 100

Date Sampled: 9/18/2008

Time Sampled: NA

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Biochemical Oxygen Demand	179	2.00	Aqueous-mg/L	9/19/2008 14:00
Total Suspended Solids	17.5	12.5	Aqueous-mg/L	9/25/2008 16:30

ND = Analyzed for but Not Detected at the MDL

These data have been reviewed and accepted by:

*Michael H. Leftin*  
 Michael H. Leftin, Ph.D.  
 Laboratory Director

273 Franklin Road  
 Randolph, NJ 07869  
 Phone: 973 361 4252  
 Fax: 973 989 5288



IAL is a NELAC New Jersey Certified Lab (14751) and maintains certification in Connecticut (PH-0699), New York (11402), Rhode Island (00126), Pennsylvania (68-00773) and in the Department of Navy IR QA Program



10823